2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 8:00 am Secretary of State DOCUMENT # P03000108390 04-28-2005 90154 032 ***150.00 1. Entity Name VENTURES BY DESIGN, INC. Principal Place of Business Mailing Address 14007223 2001 83 RD AVE N, #5066 2001 83 RD AVE N, #5066 ST PETERSBURG, FL 33702 ST PETERSBURG, FL 33702 2. Principal Place of Business 3. Mailing Address *5502* .04082005 ____Chg-P ____CR2E034 (10/03) 4. FEI Number Applied For 54-2127636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired NELLAS Fee Required 7. Name and Address of New Registered Agent and Address of Current Registered Agent ANDERSON, MARY L 2001 83 RD AVE N. #1039 - 5066 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG, FL 33702 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS(\$150.00) Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VICE PRESIDENT TITLE TITLE Delete ANDERSON, MARY L NAME NAME KENNETH R. ANDERSON 2001 831d. AVE. N. #5066 STREET ADDRESS 2001 83RD AVE. N. #5066 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33702 CITY-ST-ZIP ST. PETERSBURG, FL. 33702 TITLE ☐ Detete TITLE ☐ Addition KENNETH R. ANDERSON NAME NAME STREET ADDRESS 2001 83RD, AUE, N. # 5066 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG, FL. 33702 TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.